

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/12/93

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NJD986651594

FACILITY NAME -> A R COMMUNICATIONS

MAILING ADDRESS -> 91 MAIN ST

EATONTOWN, NJ 07724

INSTALLATION ADDRESS -> 91 MAIN ST

EATONTOWN, NJ 07724

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY **REGION II 26 FEDERAL PLAZA** NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006 HAZARDOUS & SOLID WASTE PROGRAMS BRANCH RCRA NOTIFICATIONS

TO: RODRIGUEZ, ANGEL OWNER A R COMMUNICATIONS 91 MAIN ST EATONTOWN, NJ 07724 Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

Date Received (For Official Use Only) 070893 BD

United States Environmental Protection Agency

1. Installation's EPA ID Number (Mark 'X' in the appropriate box)
X A. First Notification B. Subsequent Notification (complete item C) B. Subsequent Notification N D 9 8 0 0 5 2 5 9 4
11. Name of Installation (Include company and specific site name)
AR COMMUNICATIONS
III. Location of Installation (Physical address not P.O. Box or Route Number)
Street
911 MAIN ST. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Street (continued)
State ZIP Code
717 117 117 117 177 177 14.
EATONTOWN
County Code County Name
IV. Installation Mailing Address (See Instructions)
IV. Installation Mailing Address (See Instructions)
Street or P.O. Box
SAME
City or Town State ZIP Code
V. Installation Contact (Person to be contacted regarding waste activities at site)
Name (last)
RODRIGUEZ ANGEL
Job Title Phone Number (area code and number)
OWNER 908-542-8695
VI. Installation Contact Address (See Instructions)
A. Contact Address B. Street or P.O. Box
A. Contact Address B. Street or P.O. Box
A. Contact Address Location Mailing B. Street or P.O. Box
A. Contact Address Location Mailing B. Street or P.O. Box
A. Contact Address Location Mailing City or Town State ZIP Code
A. Contact Address Location Mailing City or Town State ZIP Code
A. Contact Address Location Mailing City or Town State ZIP Code VII. Ownership (See Instructions)
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A. Contact Address tocation Mailing City or Town State ZIP Code VII. Ownership (See Instructions) A. Name of Installation's Legal Owner ANGEL RODRIGUEZ Street, P.O. Box, or Route Number QIMAINSTRUCTION City or Town State ZIP Code

	1D - For Official Use Only
VIII. Type of Regulated Waste Activity (Mark 'X' in the appropria	ate boxes. Refer to Instructions.)
A. Hazardous Waste Activity	B. Used Oil Fuel Activities
b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) b. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water Ior this activity a. Generator is a Generat	Internation
A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxe wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24) 4. Toxicity 1. Ignitable 2. Corrosive 3. Reactive Characteristic (D001) (D002) (D003) (D000) (Usi specific EPA in	The state of the s
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions 1 2 3 D 0 0 5 7 8 9	s if you need to list more than 12 waste codes.) 4 5 6 10 11 12
C. Other Wastes. (State or other wastes requiring a handler to have an I.D.	D. number. See instructions.) 4 5 6
Certification	
I certify under penalty of law that this document and all attachm accordance with a system designed to assure that qualified p submitted. Based on my inquiry of the person or persons who ma gathering the information, the information submitted is, to the complete. I am aware that there are significant penalties for submimprisonment for knowing violations.	personnel properly gather and evaluate the informat anage the system, or those persons directly responsible ne best of my knowledge and belief, true, accurate, a mitting false information, including the possibility of fine
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ALL WASTE GENERATED IS A	ONE TIME PONESS PLEASE
	ONE TIME PLOCESS. PLEASE